UNITED STATES DISTRICT COURT DISTRICT OF MASSACHUSETTS

CONCETTA NYMAN, Plaintiff,)	
v.)	Civil Action No. 05-10412-JLT
FEDERAL RESERVE BANK)	
OF BOSTON,)	
Defendant.)	
)	

AFFIDAVIT OF MAUREEN MANNING

Maureen Manning, being first duly sworn, states as follows:

- 1. I am a Nurse Practitioner. In 2002 and 2003 I was employed by a company that provides third-party health services to businesses and was assigned to the Health Services Unit of the Federal Reserve Bank of Boston, the defendant in the above-captioned matter. In that assignment I was responsible for, among other things, working with employees who request accommodations from the Bank for their medical conditions and maintaining records of medical requests for accommodations that were submitted to the Bank by the treating physicians of Bank employees. The files maintained in the Bank's Health Services Unit reflect that, prior to my assignment to the Bank, my predecessor, Wanda Matteo, RN, maintained similar records.
- 2. I met with Concetta Nyman on several occasions during the period from 2002 through March 2003 to monitor and update the medical restrictions that had been recommended by her treating physicians.

3. On each occasion that Ms. Nyman submitted an updated medical restriction from her treating physicians, I made a note of her restriction on a Return to Work Summary form and kept the note in Ms. Nyman's file in the Health Services Unit.

- 4. I have reviewed Ms. Nyman's file in the Health Services Unit. A complete and genuine copy of every document regarding Ms. Nyman's medical restrictions that she submitted to the Bank between July 2000 and March 19, 2003, and each Return to Work Summary prepared by me or my predecessor during that period, is attached hereto as Exhibit 1.
- 5. I never provided any treatment to Ms. Nyman for any medical condition except that on one occasion I gave her some Ibuprofen. I did not tell Ms. Nyman that her medical condition required her to be assigned to work with any particular number of co-workers in the Bank's High Speed currency area. On February 3, 2003, Ms. Nyman complained to me that she had been assigned to work with only one other employee. Ms. Nyman told me that she needed to be assigned to work in a group of three employees and I noted this in my Return to Work summary of that date and sent the note to Joseph Bosco, Ms. Nyman's supervisor.
- 6. I met with Mr. Bosco after he received my note. We reviewed Ms. Nyman's medical restrictions and he told me that he did not require her to perform any tasks that exceeded her restrictions.

SIGNED UNDER THE PENALTIES OF PERJURY THIS 11th DAY OF MAY, 2006.

/s/ Maureen Manning
Maureen Manning

Certificate of Service

I hereby certify that this document filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non registered participants on May 15, 2006.

/s/ Ilene Robinson Sunshine

EXHIBIT 1

To whom it may concer

Aun 18, 1999

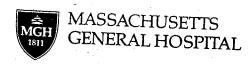
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HEALTH SERVICES

is a patient under my lave at current the Ms. Concetta Myma MGH EMENT FUN

hank you.

 Telephone: 617-394-7500 Everett, Massachusetts 02149 19 Norwood Street





The Ecderal Reserve Dance of Bosen Arthritis Associates

Stephen M. Krane, M.D. Chief

Dwight R. Robinson, M.D. Clinical Chief

Karen V. Atkinson, M.D. Associate Director

Donald B. Bloch, M.D. Hyon K. Choi, M.D. Simon M. Helfgott, M.D. Aileen Lorenzo, M.D.
John A. Mills, M.D.
William N. Pachas, M.D.
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Mahboob U. Rahman, M.D.
Anthony M. Reginato, M.D.
Eva H. Saell, M.D.
Lindsay Bringhurst, R.N.
Practice Manager
Ann Tibbetts
Fran Joyner

To Whom It may concern:

Dr. Erió amante an currentez peatrag

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HEALTH SERVICES UNIT

F/U 10/16/00

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CTUES, Thurs) 9/00

PARTNERS THE Health Care System Member

neuro appt. pending

Filed 05/15/2006 Page 4 of 21 Federal Reserve Bank of Boston Health Services Unit **Return to Work Summary** May return to work without restrictions on May return to work with the following restrictions on **Upper Extremity Accommodations:** Right Left Repetitive Work: Limited use No use Weight Accommodations: No lifting, pushing, pulling Lifting, pushing, pulling limited to _ Comments: ☐ Will be unable to work for: _ days/weeks/months Scheduled follow-up with Date/ Time: ☐ No medical follow-up needed Health Services Unit Signature X 681 (Rev. 12/97) White Copy to Supervisor Yellow Copy to Employee's Medical Chart Pink Copy to RTW Folder

Case 1:05-cv-10412-JLT

Document 16-2

Federal Reserve Bank of Boston Health Services Unit
Name Coxetta Dyman Dept. 35 Date 3/29/10
May return to work without restrictions on
Upper Extremity Accommodations: Repetitive Work:
Weight Accommodations: No lifting, pushing, pulling Lifting, pushing, pulling limited to pounds
Comments: (Antenue same light duty just
□ Will be unable to work for: days/weeks/months □ Scheduled follow-up with Date/ Time: 60 □ No medical follow-up needed
Health Services Unit Signature Dinada Hi Matter Mu
X 681 (Rev. 12/97) White Copy to Supervisor Yellow Copy to Employee's Medical Chart Pink Copy to RTW Folder





3/28/2001

To whom it may concern:

Arthritis Associates

Stephen M. Krane, M.D. Chief

Dwight R. Robinson, M.D. Clinical Chief

Karen V. Atkinson, M.D. Associate Director

Donald B. Bloch, M.D. Hyon K. Choi, M.D. Simon M. Helfgott, M.D. Aileen Lorenzo, M.D.
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William N. Pachas, M.D.
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Mahboob U. Rahman, M.D.
Anthony M. Reginato, M.D.
Eva H. Satell, M.D.
Lindsay Bringhurst, R.N.
Practice Manager
Ann Tibbetts
Fran Joyner

This is to certify that we have been treating mos. Concerta Nyman for adhesive Capsulitis, bilateral since Cay 2000.

She has made impressive gains in Range of motion but still can a kly abduntate 60° in her shoulders and still cannot touch behind has back in Instead to brack to within to within a water of nopmal.

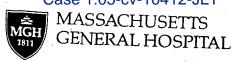
she continue light duty work without lifting > 10/6; for at least 4 more more at which pt are will have recombinated her.

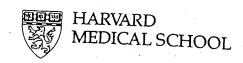
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HEALTH SERVICES UNIT





Arthritis Associates

Stephen M. Krane, M.D. Chief

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Eva H. Satell, M.D.
Lindsay Bringhurst, R.N.
Practice Manager
Ann Tibbetts
Fran Joyner

6/27/01

To whom it may concern.

Prisite certify that I, Dr. Eric amuste, whermally fella at MIH have been treating the Mysman, Conceile, for adhesive capacities × 11 mm. While she has made symplicant gains she still has pain on abod > 50°, and Camilation of France printed florian (cifting arm above hand).

This conceiled may take a few me mores & fang compare.

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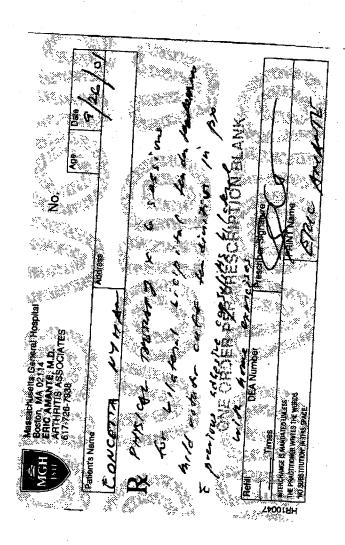
PARTNERS N HealthCare System Member

Federal Reserve Bank of Boston Health Services Unit	JLT Document 16-2	Filed 05/15/2006 Page	e 8 of 21
	Return to Work	Summary	
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Upper Extremity Accommodations: Repetitive Work: Weight Accommodations:	☐ No lifti ☐ Lifting,	Right C Limited use C ng, pushing, pulling	Left No use
Comments: Continue	ear by MD	a light duty	<i>6</i> 02
_ Thell schedule	physical .	therapy in Oc	toper
☐ Will be unable to work for: ☐ Scheduled follow-up with ☐ No medical follow-up needed	days/weeks/months Health Services Unit Sig	Date/Time: 1/9/02 9	ou am
X 681 (Rev. 12/97) White Copy to Sup	pervisor Yellow Copy to Employee's i	Medical Chart Pink Copy to RTW Folder	

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Mark Carlotte Hinder



Arthritis Associates

Stephen M. Krane, M.D. Chief

Dwight R. Robinson, M.D. Clinical Chief

Karen V. Atkinson, M.D. Associate Director

Donald B. Bloch, M.D. Hyon K. Choi, M.D. Simon M. Helfgott, M.D. Aileen Lorenzo, M.D.
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Anthony M. Reginato, M.D.
Eva H. Satell, M.D.
Lindsay Bringhurst, R.N.
Practice Manager
Ann Tibbetts
Fran Joyner

9/26/01

To whom It may concern

This is to contify that concert kynan is my

patient for bilateral adhesive capsulities

Phis is remarkable improved however she still has difficulty litting significant weights above her and and so exam is suggestive of mild votation of fill biapital tendinities.

I have suggested she do additional the po ake freezing on this tendinities to make her optimal and have her resume previous buties at work at the end of the year / Jan 2002.

Thank you very much.

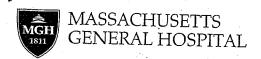
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HEALTH SERVICES UNT

Federal Regence Barkor Boston Pocument 16-2 Filed 05/15/2006 Page 11 of 21 Health Services Unit
Name Concetta Duman Dent 25
Name
May return to work with the following restrictions on //// BO for 3 days/weeks/months
Upper Extremity Accommodations: Repetitive Work: Weight Accommodations Left Limited use
Weight Accommodations: No lifting, pushing, pulling Lifting, pushing, pulling limited to pounds
Comments: Ontinue with same light duty
☐ Will be unable to work for: days/weeks/months / / / 6.0
Scheduled follow-up with days/weeks/months Date/ Time:
Health Services Unit Signature Manda An Matter KN
X 681 (Rev. 12/97) White Copy to Supervisor Yellow Copy to Employee's Medical Chart Pink Copy to RTW Folder





Wang ACC 730 15 Parkman Street Boston, Massachusetts 02114-3117 Tel: 617.726.7938. Fax: 617.724.2718

Emergency: 617.726.2066

Dwight R. Robinson, M.D. Clinical Chief Karen V. Atkinson, M.D. Director Lindsay Bringhurst, R.N. Practice Manager

Eric Amante, M.D. Herbert Ang, M.D. Donald B. Bloch, M.D. Hyon K. Choi, M.D. Karen Costenbader, M.D. Michael Hait, M.D. Simon M. Helfgott, M.D. John A. Mills, M.D. William N. Pachas, M.D. Richard P. Polisson, M.D. Mahboob U. Rahman, M.D. Anthony M. Reginato, M.D. Margaret Seton, M.D. Francine Ton, M.D. Stephen Wax, M.D. David Wu, M.D.

1/9/02 To whomit may oncern:

I am corrently evaluating and treating for bilatery Concette Myrran Capsulités is her skonledops lence ostevarthrites

In lete Sept 2007 she had a mild relique of pain is her shoulder necessitely vocuments prysitel sterapy. She is now improved honever would probably still boundit in her light duty capacity, for now. FRB - INTERNAL RECEIVED BY

JAN 1 0 2002

HEALTH SERVICES UNIT

THE AMENTE OUD

Federal Reserve Barti-ovBtord12-JLT Document 16-2 Filed 05 Health Services Unit	5/15/2006 Page 13	of 21
Name Cancelta Niman		4 1
May return to work without restrictions on		Date 4/11/07
Upper Extremity Accommodations:	for days/	weeks/months
Weight Accommodations: No lifting, pushin	Right Limited use g, pulling	Left No use
Lifting, pushing, p	pulling limited to por	unds
Comments: Continue same and de	14	
	4	
☐ Will be unable to work for: days/weeks/months ☐ Scheduled follow-up with Date/ Time ☐ No medical follow-up needed Date/ Time	e:7/2/02	
Health Services Unit Signature	James Mar	KAINC
X 681 (Rev. 12/97) White Copy to Supervisor Yellow Copy to Employee's Medical Chart	Pink Copy to RTW Folder	5





Wang ACC 730 15 Parkman Street Boston, Massachusetts 02114-3117 Tel: 617.726.7938. Fax: 617.724.2718 Emergency: 617.726.2066

4/10/02 To whom it may concern: Dwight R. Robinson, M.D. Clinical Chief Karen V. Atkinson, M.D. Director Lindsay Bringhurst, R.N. Practice Manager

Eric Amante, M.D. Herbert Ang, M.D. Donald B. Bloch, M.D. Hyon K. Choi, M.D. Karen Costenbader, M.D. Michael Hait, M.D.
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Anthony M. Reginato, M.D.
Margaret Seton, M.D.
Francine Ton, M.D.
Stephen Wax, M.D.
David Wu, M.D.

This is to certify that Concette Myman is a partient in my clinic whom we have treated for adhesive capculitis since 7/00.

She has regained almost full Pers with minimal limitation on elevation and internal notation but still has some wealness of ainst resistance, Especially on forces as diedlon.

We will recommend that she entired

light duly as present until she regains

full strength as she may still be at risk

for dropping objects lifted above her head.

She will begin light weight training as an

effort to normalize her strength.

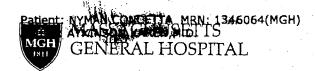
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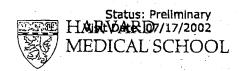
APR 11

HEALTH SERVICES UNTIL

Exic Amante MD Rheumating fellow MGH Boston.

Federal Reserve Bank of Boston Health Services Unit
Return to Work Summary
Name Coxelta Lyman Dept. 25 Date 7/191
May return to work <u>without</u> restrictions on
Upper Extremity Accommodations: Repetitive Work: Weight Accommodations: Right Left No use
Lifting, pushing, pulling limited to // pounds
Comments: Benain on some list duty as she has heen
☐ Will be unable to work for: days/weeks/months ☐ Scheduled follow-up with Date/ Time:// D &.
□ No medical follow-up needed Health Services Unit Signature <u>Manda</u> Br Matte Av
12/97) White Copy to Supervisor Yellow Copy to Employee's Medical Chart Pink Copy to RTW Folder.





Wang ACC 730 15 Parkman Street Boston, Massachusetts 02114-3117 Tel: 617.726.7938. Fax: 617.724.2718

Emergency: 617.726.2066

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Mahboob U. Rahman, M.D.
Anthony M. Reginato. M.D.
Margaret Seton, M.D.
Francine Ton, M.D.
Stephen Wax, M.D.
David Wu, M.D.

July 17, 2002

To Whom It May Concern,

I have taken over the care of Concetta Nyman at the Rheumatology clinic at Mass General Hospital. Mrs. Nyman has adhesive capsulitis of both shoulders which, I agree, is slowing improving but still symptomatic. She also has evidence of L shoulder rotator cuff weakness (supraspinatus) and L thumb trigger finger. She should remain on light duty (no lifting greater than 10 lbs) and should continue exercise program.

Sincerely,

Karen Atkinson

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JUL 19 2002

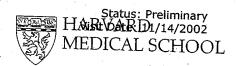
HEALTH SERVICES UNIT





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Case 1:05-cv-10412-JL ⁻ Federal Reserve Bank of Boston Health Services Unit	T Document 16-2 Filed 05/15/2006 Page 17 of 21	
	Return to Work Summary	
Name Concetta Nym	Dept. 25 Date 1	(1/8/02
☐ May return to work without restriction ☐ May return to work with the following	ns on for days/weeks/mon	ths
Upper Extremity Accommodations: Repetitive Work: Weight Accommodations:	Right Left Limited use No use No lifting, pushing, pulling Lifting, pushing, pulling limited to 10 pounds	• * * * * * * * * * * * * * * * * * * *
Comments: No owhed	letting.	· ,
☐ Will be unable to work for: ☐ Scheduled follow-up with ☐ No medical follow-up needed	days/weeks/monthsDate/ Time:	
	Health Services Unit Signature Manne Manne RA	JUN C
X 681 (Rev. 12/97) White Copy to Supe	ervisor Yellow Copy to Employee's Medical Chart Pink Convin RTM Folder	





Wang ACC 730 15 Parkman Street Boston, Massachusetts 02114-3117 Tel: 617.726.7938. Fax: 617.724.2718 Emergency: 617.726.2066

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November 14, 2002

To Whom it May Concern:

Concetta Nyman was seen by me today and is improving her adhesive capsulitis. She has residual biceps tendonitis for which she is returning to physical therapy. Therapy will also focus on a plan to return to full work. Please continue her on light duty.

Karen Atkinson, M.D.

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HEALTH SERVICES UNIT

Case 1:05-cv-10412-JLT Document 16-2 Filed 05/15/2006 Page 19 of 21

Federal Reserve Bank of Boston Health Services Unit

	Employee Dismissal	Slip	
Dept. 25 Date			
Mr./Ms. Conse Win	has been dismissed at	OO AM/DM for the fo	llouine (C)
	D recommended by the W. O.	AWAT INCIDENTED IN	pilowing reason(s):
	recommended by Health Services for a medical appointment at	AM/PM	
	for a worker's compensation injury		•
	☐ for an appointment related to FMLA☐ for a medical emergency		
	other,		
ealth Services Unit Signature	Mount Mary		
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lame <u>Conse</u> Wyn	Return to Work Summ		Date <u>2/3/63</u>
I May return to work without re	estrictions on		
May return to work with the f	ollowing restrictions on 27403	for	days/weeks/months
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epetitive Work: /eight Accommodations:		☐ Limited use	No use
	No lifting, push Lifting, pushing	ing, pulling i, pulling limited to	<i>LC</i> pounds
omments: Should in			
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Will be unable to work for:	days/weeks/months		
Scheduled follow-up with 7	York Mill Dato/Ti	me: 3/03	
No medical follow-up needed		2	In
	Health Services Unit Signature	Mainer!	Marino
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Case 1:05-cv-10412-JLT Document 16-2 Filed 05/15/2006 Page 20 of 21 Federal Reserve Bank of Boston Health Services Unit
Return to Work Summary
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May return to work without restrictions on
Upper Extremity Accommodations: Repetitive Work: Weight Accommodations: D Right D Left D Limited use D No use No lifting, pushing, pulling Lifting, pushing, pulling limited to 15 pounds
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□ Will be unable to work for:days/weeks/months □ Scheduled follow-up with Date/ Time: □ No medical follow-up needed Health Services Unit Signature Manne NO
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Federal Reserve Bank of Boston Work Restriction Documentation

Name (Last, First, Middle Initial): Nyman
Department/Location Supervisor/Manager TO BE COMPLETED BY TREATING PROVIDER (See Attached Job Description) This individual is able to work without restriction This individual is able to work with the following restrictions: RESTRICTIONS: Should not lift/carry/push/pull over /D lbs. Should not stand/sit over hours Should not lift overhead Should not climb ladders/stairs Should not do repetitive work Should not work with right/left hand/leg Should not drive car/truck/forklift Should not work with power driven/hand tools Should not work near moving machinery Should not work at heights greater than feet
Supervisor/Manager Date Date 3-19-03
TO BE COMPLETED BY TREATING PROVIDER (See Attached Job Description) This individual is able to work without restriction This individual is able to work with the following restrictions: RESTRICTIONS: Should not lift/carry/push/pull over /o lbs. Should not stand/sit over hours Should not lift overhead Should not climb ladders/stairs Should not climb ladders/stairs Should not do repetitive work Should not work with right/left hand/leg Should not drive car/truck/forklift Should not work with power driven/hand tools Should not work near moving machinery Should not work at heights greater than
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Effective Date Duration of Restriction Follow-up Date
Provider's Name
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